(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

JAN 2 5 2019

I. Name of Lobbyist(s)	Kathleen Garrett Loughran			DEPARTMENT OF STAT	
II. Name of lobbyist's pa	rtnership, firm o	r corporation, if an	y:		
Anthem, Inc.					
(Name of	partnership, firm o	r corporation)			
120 Monument (Circle	Indianapolis	IN	46204	
Business Address: (Street)		(Town/City)	(State)	(Zip Code)	
(800) <u>331-1476</u> (Telephone)	()(Fax)	e-mail <u>kathleen</u>	.loughran@anthem.com	
III. This statement cover reportable expense trans			s for each client, OR you ma any one client).	y file a separate report for	
All reportable transacti	ions occurring in	the months prior to th	e reporting date relative to th	e following client:	
Anthem, Inc.	-				
(Fu	ull Name of Client a	as it appears on the Lob	byist Registration Form)	<u> </u>	
<u>OR</u>					
All reportable transaction All reportable transaction All reportable to any particular		st (including the lobb	yist's family), or the lobbying	; firm listed below which are	
•	April 25, 2018		July 25, 2018 2 25/20/18 20 20 20 20 20 20 20 20 20 20 20 20 20		
•	rom date of registration to 3/31/18		activity from 4/1/18 to 6/30/18		
	october 31, 2018 octobe		January 30, 2019 🗵 activity from 10/1/18 to 12/31/	′18	
			ransactions made since t Secretary of State's Office, S		
VI. Check if additional re	eports are attach	ed:			
If you have received for	ees or made expe	nditures, you must fil	e Addendum A- Fees and E	kpenses	
☐ If you have paid an ho Expense Reimbursement	onorarium or reim	bursed expenses, you	must file Addendum B- Re	port of Honorariums or	
☐ If you, your firm, or y	our family has ma	de political contribut	ions, you must file Addendu	m C- Political Contributions	
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best o	15-B, RSA 14-C	and RSA 664 and her	reby swear or affirm that the f	Foregoing information is true	
Kathleen Garrett Lou	ughran				